

HIV in Bermuda



Summary of year ended 31 December 2025

Introduction

This report provides a summary of HIV trends in Bermuda through the year ended 31 December 2025. It includes information on HIV and AIDS diagnoses, deaths among persons with HIV, and the estimated number of persons living with HIV in Bermuda. HIV is a reportable condition in Bermuda under the Public Health Act 1949, and the data presented in this report are based on analysis of information collected through Bermuda's confidential HIV reporting system. The information presented includes data received by the Epidemiology and Surveillance Unit from 1982 through 31 January 2026.

As with all surveillance data, this report reflects reported diagnoses only and may not capture everyone living with HIV in Bermuda. Diagnoses and deaths are presented based on the date of diagnosis or death, rather than the date they were reported. Where exact dates are not known, adjustments have been made to ensure information is included appropriately. Additionally, cumulative HIV diagnoses in this report include individuals who were clinically diagnosed with AIDS before confirmatory HIV testing became available in 1984. The data may be updated as new information becomes available and reflected in subsequent reports.

Data are summarised using broad categories, including age group, gender, race, nationality, and likely mode of transmission. Age groupings are based on a person's age at the time of diagnosis or death. For persons living with HIV, age group reflects the person's age as of 31 December 2025. Persons are considered to be living with HIV if they have not been reported as deceased from any cause from the time of diagnosis through the end of the reporting year. The mode of transmission is used to describe the most likely way HIV was transmitted. When more than one possible mode of transmission is reported, the category most likely to have resulted in HIV transmission is used. The categories include: MSM (men who have sex with men), Heterosexual contact, IDU (injection drug use), MTCT (mother-to-child transmission), Blood/Blood products (occupational or non-occupational exposure to blood or blood products), and Unspecified. When numbers are small, results are presented in a limited way to protect privacy and prevent identification of individuals.

HIV Surveillance and Public Health Services

The data captured through HIV surveillance is used to support access to care and services for persons living with HIV and to guide HIV-related public health programmes, interventions, and activities in Bermuda. This includes health education and promotion activities to increase awareness and reduce stigma, as well as access to confidential HIV testing with pre- and post-test counselling. Eligible persons living with HIV have access to antiretroviral treatment to support long-term health and wellbeing, and prenatal and antenatal treatment is available to prevent mother-to-child transmission of HIV. Public health follow-up also supports partner notification where appropriate, and individuals are referred to relevant health and social support services based on their needs.

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Overview of HIV in Bermuda

Since 1982, 803 persons have been diagnosed with HIV in Bermuda. Of these, 572 persons have also had a diagnosis of AIDS, and 497 deaths have been reported among persons diagnosed with HIV. As of 31 December 2025, it is estimated that 306 persons are living with HIV after having been diagnosed in Bermuda, corresponding to an overall prevalence of approximately 0.5%.

The annual number of persons diagnosed with HIV peaked between 1984 and 1987, followed by a steady decline over the next 15 years. An increase in diagnoses was observed between 2005 and 2008. Since then, the number of new HIV diagnoses has generally remained low, with fewer than 10 diagnoses reported annually from 2011 through 2025. In 2025, three new HIV diagnoses were reported.

AIDS diagnoses peaked in 1995 and have declined steadily since then. Since 2004, 10 or fewer AIDS diagnoses have been reported each year. In 2025, one new AIDS diagnosis was reported.

Deaths among persons diagnosed with HIV have remained low in recent years, likely reflecting improvements in access to care, treatment, and long-term support. No deaths among persons diagnosed with HIV were reported in 2025.

The following chart (Figure 1) shows the annual number of HIV and AIDS diagnoses and deaths over time.

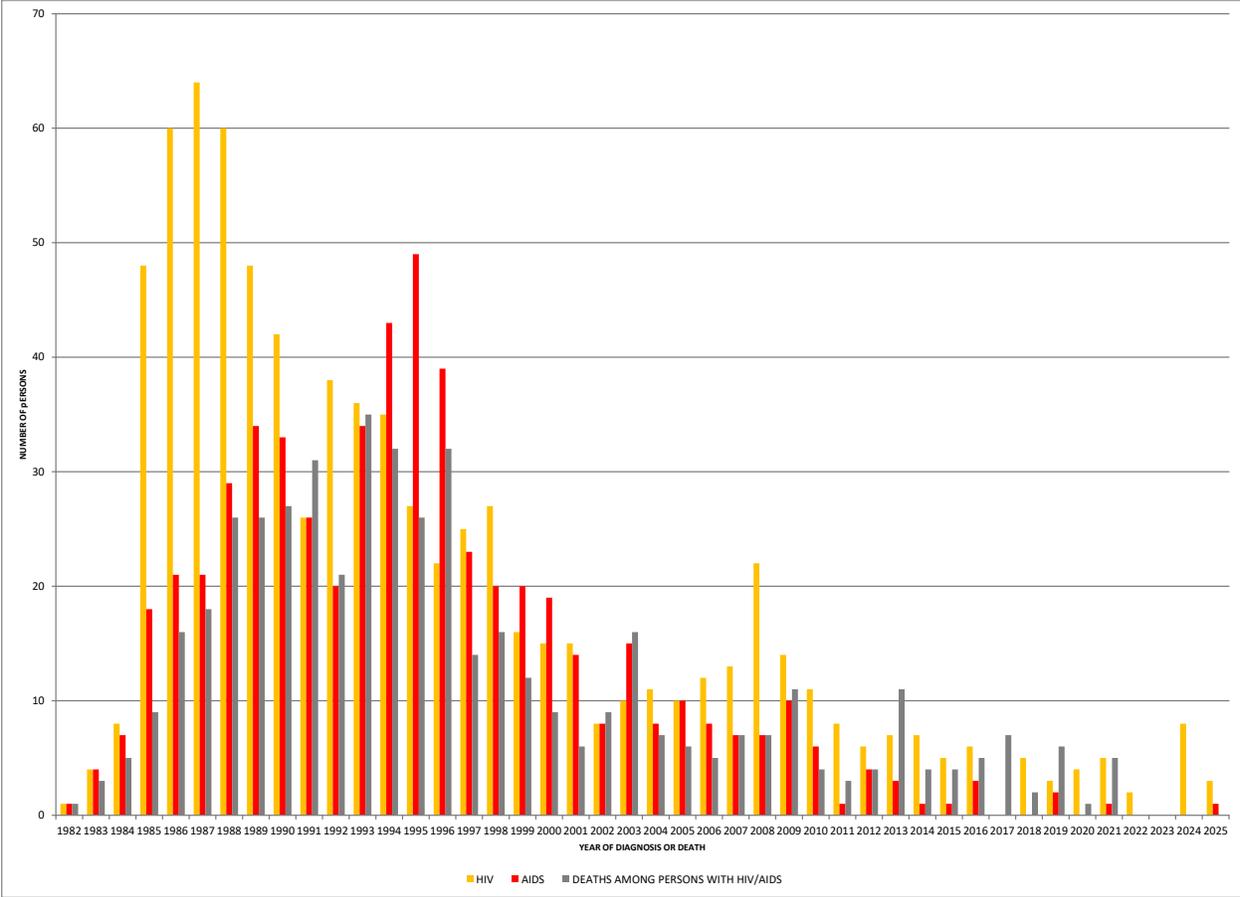


Figure 1. Annual number of persons diagnosed with HIV and AIDS and deaths among persons diagnosed with HIV, Bermuda, 1982–2025

Demographic Characteristics

Most HIV diagnoses (67%) have occurred among persons aged 25–44 years. Persons aged 45–64 years account for 21%, while 7% were diagnosed between 15–24 years. Smaller proportions were diagnosed among persons aged 65 years and over (2%) or under 15 years (1%). HIV diagnoses have been reported predominantly among males (75%), with 25% occurring among females. The majority of persons diagnosed with HIV are Black (87%), while 13% are White or from other racial groups. Most HIV diagnoses (88%) have occurred among Bermudians, with 12% reported among non-Bermudians. The most commonly reported modes of transmission among persons diagnosed with HIV are heterosexual contact (33%), men who have sex with men (MSM) (31%), and injection drug use (29%). Smaller proportions are attributed to other modes or are unspecified.

Most AIDS diagnoses (68%) occurred among persons aged 25–44 years at the time of diagnosis. Persons aged 45–64 years account for 26%, while smaller proportions were reported among younger and older age groups. AIDS diagnoses have occurred predominantly among males (77%), with 23% among females. The majority of persons with an AIDS diagnosis are Black (90%), while 10% are White or from other racial groups. Most AIDS diagnoses (94%) have occurred among Bermudians, with 6% among non-Bermudians. Among persons with an AIDS diagnosis, injection drug use (35%), heterosexual contact (30%), and MSM (28%) are the most commonly reported modes of transmission. Other modes account for a small proportion.

Deaths have occurred predominantly among older age groups. Over half (58%) occurred among persons aged 25–44 years, while 31% occurred among those aged 45–64 years, and 7% among persons aged 65 years and over. Most deaths (78%) occurred among males, with 22% among females. The majority of deaths among persons diagnosed with HIV occurred among Black individuals (91%), while 9% occurred among White or other racial groups. Nearly all reported deaths (97%) occurred among Bermudians, with 3% among non-Bermudians. The most commonly reported mode of transmission among persons who died was injection drug use (39%), followed by heterosexual contact (26%) and MSM (28%). Other modes accounted for a small proportion.

Most persons living with HIV are aged 45 years and older. Nearly half (47%) are in the 45–64 age group, while 38% are aged 65 years and over. Persons aged 25–44 years account for 15%, and there are no known persons living with HIV under 25 years of age. This reflects both the absence of reported mother-to-child transmission in recent years and that many individuals diagnosed in earlier years are now living longer with HIV. The majority of persons living with HIV are male (71%), with 29% female. Most persons living with HIV are Black (79%), while 21% are White or from other racial groups. Approximately 74% of persons living with HIV are Bermudian, and 26% are non-Bermudian. The most commonly reported modes of transmission among persons living with HIV are heterosexual contact (43%) and men who have sex with men (MSM) (37%). Injection drug use accounts for 12%, with smaller proportions attributed to other modes or reported as unspecified.

Overall, the demographic profile of persons living with HIV represents a current snapshot of those surviving and receiving care, while the cumulative HIV profile reflects diagnoses across the full history of HIV in Bermuda. Persons living with HIV are more concentrated in older age groups, and there are more persons living with sexual modes of transmission. This reflects the current long-term nature of living with HIV, with many individuals diagnosed in early years now living longer, as well as changes in transmission patterns over time.

The following table (Table 1) summarises the cumulative demographic and transmission characteristics of persons diagnosed with HIV and AIDS and deaths among persons with HIV and also presents the characteristics of persons living with HIV as of 31 December 2025.

Table 1. Demographic characteristics of persons diagnosed with HIV and AIDS and deaths among persons diagnosed with HIV, and persons living with HIV, Bermuda, 1982–2025

	HIV		AIDS		DEATHS		PERSONS LIVING WITH HIV/AIDS	
	#	%	#	%	#	%	#	%
TOTAL	803	100%	572	100%	497	100%	306	100%
AGE GROUP								
0-14	7	1%	4	1%	1	0%	0	0%
15-24	54	7%	10	2%	6	1%	0	0%
25-44	542	67%	387	68%	286	58%	45	15%
45-64	165	21%	147	26%	153	31%	143	47%
65+	16	2%	15	3%	35	7%	116	38%
Unspecified	19	2%	9	2%	16	3%	2	1%
GENDER								
Male	604	75%	441	77%	387	78%	217	71%
Female	199	25%	131	23%	110	22%	89	29%
RACE								
Black	696	87%	513	90%	453	91%	243	79%
White & Others	107	13%	59	10%	44	9%	63	21%
NATIONALITY								
Bermudian	709	88%	537	94%	483	97%	226	74%
Non-Bermudian	94	12%	35	6%	14	3%	80	26%
TRANSMISSION								
MSM	252	31%	163	28%	139	28%	113	37%
Heterosexual Contact	264	33%	170	30%	131	26%	133	43%
IDU	230	29%	202	35%	193	39%	37	12%
MTCT	8	1%	5	1%	4	1%	4	1%
Blood/Blood products	12	1%	8	1%	9	2%	3	1%
Unspecified	37	5%	24	4%	21	4%	16	6%

Acknowledgements

Ongoing surveillance, timely reporting, and regular public summaries of HIV data remain important to support transparent communication and informed public health decision-making. Continued monitoring allows for the identification of long-term trends and changes in the epidemiology of HIV, supports accountability and public awareness, and ensures that information is available to guide planning and evaluation, while maintaining strict protections for individual privacy and confidentiality.

The Epidemiology and Surveillance Unit acknowledges the contributions of healthcare providers and partners, and Department of Health programmes, involved in HIV testing, care, and reporting in Bermuda. Continued collaboration supports the quality, accuracy and completeness of HIV surveillance and public health reporting.